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RESEARCH

Assistência de enfermagem à mulher no puerpério imediato: um ensaio descritivo

Nursing care to woman in immediate puerperium: a narrative description

Cuidados de enfermería a la mujer en el inmediato puerperio: un ensayo narrativo

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ABSTRACT

Objective: To describe the nursing care provided in the immediate postpartum through perceptions of nurses in a public hospital. **Method:** descriptive study with a qualitative approach. Study participants were nurses who attend the institution postpartum. Qualitative data were analyzed based on thematic content analysis. **Results:** from the analysis of discourses, categories encompassing the dimensions of the process of nursing work emerged: Managing; Assisting/intervening; Investigating/researching; and the teaching/learning in the nursing actions. Managing nursing actions underlies up in classical management theories; assistance is marked by biologism; there is lack of research in the work process; educational practices are based on the traditional health model and there is a shortage of actions on Continuing Education. **Conclusion:** the nursing practice must be based on articulated processes to generate practices that make up the entirety of health. actions. **Descriptors:** Nursing care, Women's health, Postpartum period.

RESUMO

Objetivo: Descrever a assistência de enfermagem prestada no pós-parto imediato na percepção dos enfermeiros de um hospital público. **Método:** pesquisa descritiva, com abordagem qualitativa. Participaram do estudo os enfermeiros da Instituição que assistem às puerperas. Os dados qualitativos foram analisados com base na análise temática de conteúdos. **Resultados:** a partir da análise das falas, emergiram categorias que contemplam as dimensões do processo de trabalho da enfermagem: O gerenciar; O assistir/intervir; O investigar/pesquisar; e O ensinar/aprender nas ações de enfermagem. O gerenciar das ações de enfermagem embasa-se nas teorias clássicas de administração; a assistência está marcada pelo biologismo; há ausência da investigação no processo de trabalho; as práticas educativas são baseadas no modelo de saúde tradicional e há carência de ações de Educação permanente. **Conclusão:** o exercício da enfermagem deve se fundamentar em processos articulados de modo a gerar práticas que conformam a integralidade das ações em saúde. **Descritores:** Cuidados de enfermagem, Saúde da mulher, Período pós-parto.

RESUMEN

Objetivo: Describir los cuidados de enfermería prestados en la percepción inmediata posparto de las enfermeras en un hospital público. **Método:** Estudio descriptivo, con abordaje cualitativo. El estudio incluyó a las enfermeras que asisten a la institución después del parto. Los datos cualitativos se analizaron sobre la base de análisis de contenido temático. **Resultados:** En el análisis de los discursos, las categorías que abarcan las dimensiones del proceso de trabajo de enfermería surgieron: La gestión; asistir/intervenir; investigar/investigación y la enseñanza/aprendizaje de las acciones de enfermería. La gestión de las acciones de enfermería se basan en las teorías clásicas de gestión, la asistencia está marcada por biologismo, la falta de investigación en el proceso de trabajo, las prácticas educativas se basan en el modelo tradicional de la salud y hay pocas acciones de Educación Continua. **Conclusión:** La práctica de la enfermería debe estar basada en procesos articulados para generar prácticas que componen la totalidad de las acciones de salud. **Descriptor:** Enfermería, Salud de la mujer, Período postparto.

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INTRODUCTION

Historically, on the field of women's health, nursing actions, as well as on the other health professions, were aimed at biologicist model focused only on reproductive dimension.

Similarly, the care offered to women who experienced postpartum period has been limited to the physiological aspects such as general evaluation; episiotomy evaluation; verification of uterine involution and mammary evolution; checking lochia and signs of infection; checking vital signs, among others.

This perspective of performance is assigned to the professional practice, the characteristic of fragmented actions and guided by a theoretical framework in which the knowledge/practice on health occurs by adopting technician postures, developing a care that underestimates the needs of women.¹

Still in the hospital setting, the symbolic value of institutionalized power, combined with the ideal of female submission in the culture of gender are also responsible for the subjection of women to passivity of the shares, the condition to endure hardship and, even their cancellation related to the care of their health.

Meanwhile, it confirms the importance of nursing care to identify the real needs of women who experience postpartum period and to broaden the participation and empowerment of puerperal women in the maternity adaptation process.²

Among other actions, the nurse actions must aim to assist the postpartum in the maternal role adaptation process, providing care and guidance depicting the exercise of motherhood.³

The relevance of the purpose of seeking to describe nursing actions consists the ability to systematically expose the way postpartum care has been implemented in the reality of healthcare, contrasting the practical dimension to scientific prerogatives. This type of study allows reflection on health actions directed to this population group, through the identification of existing gaps between theory and practice. This is because it is assumed that, in general, the management of the nursing process, is focused on the management of human and material resources; actions/interventions developed along the puerperal are limited to technical procedures routinely performed; research practice in the context of nursing care is performed in a unsystematic way, discreetly or it is nonexistent. In addition, the activities of health education are presented in the traditional perspective, characterized by simple transfer of information, that are not compatible to the relevant needs of postpartum women.

Furthermore, it is emphasized that there is a shortage of scientific production and publication of nursing in the last two decades, regarding the development of studies that investigate and evaluate its work process in postpartum care. More significantly, there is a

predominant lack of related themes developed by professionals working in everyday services.

In this understanding, this study aimed to describe the nursing care provided to women in the immediate postpartum through perceptions of nurses in a public hospital. It is expected to contribute to the reflection and reorientation of knowledge and current practices in the theme of postpartum care.

METHOD

This is an exploratory and descriptive research, of qualitative approach. It was set in a public hospital, a reference in low risk childbirth in the region of Seridó, Rio Grande do Norte (RN), Brazil.

It is a medium-sized hospital, with an average of 120 beds distributed in obstetrics, pediatrics, surgical and medical clinic wards. It is a philanthropic hospital, integrated with Integrated Health System program (corresponding to 80% of cases demand), and has covenants with health plans in the private sector. The provision of maternity care service to mothers is performed on demand, including attending to the population of the surrounding municipalities.

Nurses who attend the institution directly to women during post-partum period participated in the research. To define the sample, professionals who are not employed in midwifery were excluded; as well as those who at the time of enrollment were removed from the institution due to leave or vacation; and those who were not willing to sign the Informed Consent Form (ICF).

The participation of the subjects in the study was voluntary and respondents were informed about the significance and objectives of the work. The interviews were initiated after participants signed the informed consent form, as envisaged in Resolution 196/96 of the National Health Council (NHC/MS) and its complementary.

Finally, respondents were 100% of nurses working in the obstetrics sector of the institution studied, who provide care to women in labor. To obtain the data, the semi-structured interview was used as a collection tool. The interview was distributed so that the first part addressed the identification and characterization data of the subjects, such as age; sex; years of study, professional acting and performance in obstetrics; and conducting postgraduation. The second part included the questions drawn from the goals proposed by the study.

Data collection was conducted from November 2011 to January 2012. Data relating to the characterization of nurses were subjected to frequency calculations, percentage and arithmetic mean and subsequently tabulated.

The qualitative data analysis was performed with content analysis as reference, whose operationalization denoted the procedure of the stages of pre-analysis; material exploration; and treatment of the results.⁴ The use of this methodology is to discover,

through systematic readings, the core meaning that composes subjects' speech, whose frequency has significance as analytical object, comprising determining structures topics.

The study was approved by the State University of Rio Grande do Norte Research Ethics Committee (REC-UERN) in July 15, 2011, corresponding to the No. protocol 053/11 and No. CAAE (SISNEP) 0049.0.428.428-11.

RESULTS E DISCUSSION

In population, data suggested the prevalence of females (100%) in the constitution of nursing staff working in the obstetrics sector. Of these, 75% of respondents belonged to the age group between 50 and 60 years and had 20-30 years of training, all of them bachelors in nursing and midwifery. The time of nursing practice corresponded to periods ranging from five to 20 years (75%) and above 20 years (25%) of length of services. As to the time working specifically in the obstetrics sector, 100% of the nurses worked five to six years.

The team of nurses (100%) is composed of public servants of the State of RN, which play a workload of 40 hours per week, distributed on 24-hour shifts. In the institution reality, the nurse on duty is responsible for health care coverage of obstetrics and pediatrics sectors, concomitantly. Regarding professional development, 75% of respondents reported having some type of specialization, and 75% had training in Family Health Program (FHP) and 25% in Pedagogical Training in Nursing. None of the nurses (100%), working in obstetric, possessed expertise or training in the area.

From the analysis of discourses, categories encompassing the respective dimensions of the process of nursing work emerged, namely: managing; Assisting/intervening; Investigating/researching; and the teaching/learning in the nursing actions

Regarding the dimension of managing, it is important to infer that the articulated integration of their actions requires the availability of sufficient human resources, recognizing the need for an adequate number of professionals in order to meet the demand of the service management. However, in the context under study, professional 02 referred that there is insufficient number of nurses in the institution and that there is even the absence of a nurse responsible for the management/general administration:

[...] it does not have enough nurses, the nurses have no coordination, neither a nurse who directly coordinate all the work of management and relocation professionals [...]. (NURSE 02)

Regarding performance of administrative work, one of the interviewees mentioned the development of assignments that refer to a set of bureaucratic actions, based on the classical administrative management. Among the most frequently management activities mentioned, activities concerning the direction of human resources and the provision of

needed materials to advance nursing care were highlighted. Thus, according to the interviewee speaks, it behooves nurse to:

[...] manage human resources, with the relocation of other professionals; Organize the sector planning the necessary inputs for the development of activities [...]. (NURSE 03)

When asked about the actions on aid to be developed in the postpartum care, it was obtained in response the enumeration of behaviors performed by the nursing staff, which often describe the implementation of technical procedures. Here are exposed the lines that exemplify this reality:

[...] the whole team is responsible for the technical part, as the assessment of general condition, bath, evaluation of lochia, checking vital signs, changing of saline solution [...]. (NURSE 04)

[...] we perform rehydration assistance, to compensate for the losses, also drug administration, according to the prescription [...]. (NURSE 02)

In content analysis, emerged the realization that there is, for nurses, distinction in how the care provided to parturient is conducted, depending of the type of delivery:

[...] you will differentiate such assistance according to the type of delivery [...] because a woman who has gone through a normal delivery, she can do almost everything. She can take a shower immediately, she can already take care of her personal hygiene, take care of her baby [...]. (NURSE 01)

On the other hand, in the description of the assistance to mothers of cesarean deliveries, we observed the enhancement of the medicalization on childbirth, since it is seen as a procedure that takes shape of high complexity assistance and that adds to the experience of childbirth the values of a medicalized intervention that generates an atypical state in women's health:

[...] but the woman who experienced cesarean delivery you will have to first take care of her [...] because you know that surgery is a laceration, the woman was good and suddenly she became ill, the postpartum recovery is much more complicated than in the normal delivery [...]. (NURSE 01)

In the context under study, in no time we identified the expression or description of skills and behaviors that denote the presence of the research process in the organization of nursing care to postpartum women. This reality indicates a substantial shortfall in nursing work, regarding the ownership/use of the research process as a product/producer of the articulation between the other work processes in order to enhance nursing practice.

The approach of teaching/learning process was presented from two different perspectives, which correspond to the description and reflection of the practice of health education used as a component of postpartum care, as well as exposure of Continuing Education (CE) activities performed by the nursing staff.

The practice of health education can be considered as an inherent action to nursing care inserted in different levels of care to groups of users, among them, in postpartum women. However, it is necessary to identify which model of health education guides the perception and practice of nurses, considering the actors involved, the content covered and the methodologies adopted in the conduct of the educational process. Meanwhile, nurses specify which subjects are the target audience of educational activities, undertaken with the aim of:

[...] educating both postpartum, as the puerperal carer [...]. (NURSE 01)

[...] guiding the postpartum and family in a maximum level, so they are collaborative in care [...]. (NURSE 02)

In relation to the main themes discussed in the guidelines of health education traditional topics were mentioned more often, such as caring for the woman postpartum, feeding and bathing the newborn, with emphasis on guidance on the importance of breastfeeding.

[...] primary care with newborn [...] and guidelines on care in the bath [...]. (NURSE 03)

[...] guidance on hygiene, bathing, breastfeeding, activities of care that she will perform at home [...]. (NURSE 02)

On the practice of CP, this is still scarce, given that nurses reported the absence of such activities and recognize the importance of the strategy for the health service.

[...] it is needed training for they (nurses) to upgrade themselves [...]. (NURSE 02)

[...] I see that more training is needed for teams to improve care [...]. (NURSE 04)

Characterization of the profile of professionals helped to identify professional and personal characteristics that influence health practices and, in this case, postpartum care. Thus, evidence of a higher age group, combined with years of training, when inserted in a context in which there is a lack of professional development activities, predisposes complacency situations, in addition to professional dissatisfaction.

Considering the training time of these professionals, it is valid resuming the context of training of midwives, in which the adoption of a conduct oriented in the illness, technical, and biological aspects centralization influences until today the nursing practice.⁵

The prevalence of females in the nursing staff of the institution illustrates a national reality and a global trend of the profession, since the practice of nursing is regarded as a female specific social practice.⁶ Based on interviewees' reports, it is observed that the specializations held by them, have emerged from individual initiatives, since the institution does not offer permanent education activities.

However, it is emphasized that the Humanization of Childbirth Program (HCP) established since 2000, as a guideline for the care given to women during childbirth and

postpartum, recommends that the nurse acting in obstetrics care must be a postgraduate degree in obstetrics.

The path established by the research for the assessment of nursing care practice was delimited from the process of nursing work, considering four (4) categories/processes, namely: managing the process; process assisting/intervening; research and teaching/learning processes.

The management of nursing actions is a private task of the nurse, being responsible for the execution of the actions of management, planning, coordination and evaluation of nursing services. This assumption has legal support in law 7,498 of June, 25, 1986, which provides the regulation of the nursing practice.

In general, the practice of management in nursing is still strongly influenced by the classical management theories, rooted in professional practice that emphasizes compliance with bureaucratic issues rather than the category work process management. Sometimes this bureaucratic dimension is able to interfere in other stages of the work process.⁷

The work of care management is essential for the proper direction and to the intermediation of actions among professionals, different sectors of work, and among other levels of care, to ensure the quality of care for postpartum women.

The actions of the watching/intervening in nursing persist in being molded from a biologicist logic. Thus, postpartum care is highly technical and focused on the monitoring of physiological functions, which simplifies and devaluates possible demands that go beyond the biological field.⁸

Thus, we conclude that systematic actions that target, at hospital level, health promotion or improvements in quality of life and well being of mothers are minor or nonexistent in this space, since these were not identified in the reports of professionals.

The conduct of distinguishing assistance provided to postpartum according to the type of delivery, is based on the assumption that after normal delivery, because it is a natural physiological process, women would not need care and attention, being, even able to perform tasks on their own self-care and care of the newborn. Although some interventions are different in assistance expended to the mothers who experienced cesarean delivery, the needs of normal postpartum should not be minimized.

The appropriation and reproduction of this type of conception has its origins in gender relations, in which the transfer of responsibility in caring for herself and her son, even if in the hospital environment, is based on the ideal that this is a female activity, a skill perceived as inherent quality of their sex. Faced with this, the professionals end up underestimating the specific needs of the period, and denying women the right to feel cared.¹ A study in a public hospital in São Paulo (SP), which had as its object of study the needs of postpartum women, showed that the demands inherent in the period has no direct relation to the type of delivery. For example, the need of the presence of family, comfort, host, to be heard, guidance/information and security.¹

It is considered that the practice of watching/intervening, in the context of nursing care, demands the development of a work that covers the needs inherent to care through preventive actions, recovery and health promotion of postpartum women. Above all,

interventions that enable these women to develop autonomy in caring for themselves and their children should be the priority.

The absence of the researching process, as part of nursing care in the context under study, is a reflection of the training model experienced by the subjects. Professionals who participated in the research completed graduate education in nursing more than 20 years ago, which may entail, decisively, not only in the reproduction of practices now considered outdated, but also in the absence of the process on discussion.

Chronologically, it is only after the changes in the structure of public health policies, occurred in Brazil starting in the 1980s, that nursing starts to experience the the challenge of building a practice that seeks changes in their way of doing, including the practice of research as a working tool.⁹

As an alternative to overcome this challenge, it is pointed to the inclusion of research practice through the appropriation of an organized and systematic work process, such as the Systematization of Nursing Assistance (SNA), since it has as one of their fundamental steps, individualized research on the needs of users, in this case, the postpartum.

The perception of this situation leads us to reflect on the implications of the absence of research practice in daily nursing care for the health care of postpartum women. When ignoring the research step on the planning process, nursing takes some risks, such as: decreased ability to observe and identify the real needs of postpartum women, thereby reducing its potential for resolution, since their actions will not be able to reach the relevant demands of the period; inability to develop and produce new knowledge that update nursing practice; and losing the ability to evaluate the actions developed in order to verify the effectiveness of the proposals or their readjustment. This conditions may restrict the quality of care provided to parturient.

Regarding the practice of health education, it is necessary to assume that the development of an emancipatory educational work demands for health professionals the establishment of horizontal relations, considering as a starting point the previous knowledge of people, enabling moments of exchange of experiences and the shared construction of knowledge.¹⁰

Considering as target of the actions of public health education family/caregivers of postpartum women is crucial to provide greater security to women in hospital reality and subsequently at home. However, it is essential that the participation of the subjects is achieved through horizontal relationship and shared knowledge building.

From the speeches, we identify that, apparently, one of the goals of educational practice, directed to the public, is to make them collaborative subjects to nursing care, which suggests the persuasion of a passive condition of the users before the education process.

This highlights the strong influence of the traditional model of education in health, which is marked by the transmission of knowledge, in which the teacher is the holder of the technical/scientific knowledge and the student a deposit to be filled.¹¹

Thus, it is imperative to stress on the importance of health education activities for the construction of autonomy in self-care and care of the newborn, since the acquisition of

knowledge related to the postpartum experience acts as a learning tool from which scientific knowledge becomes part of everyday life of the subjects.¹²⁻¹³

Educational activities must occur accompanied, individualized and focused on the awareness of importance of comprehensive care, which should be implemented combined with the primary level of health care, and will also restore the importance of family involvement in healthcare context.¹⁴

Even considering the relevance of content mentioned, it is necessary to pay attention on how they are being worked, reinforcing that it is essential that the themes are developed not only presenting their importance, but also presenting a contextualized approach, that meets the needs of each puerperal.

Furthermore, additional content can be added, such as the guidelines regarding social and reproductive rights and family planning, always ensuring the availability to clarify doubts to be elucidated by the multidisciplinary team, seeking still integrate participation from other family members.¹⁶⁻¹⁷ Returning to the issue of teaching/learning process in the perspective of the actions of CE in general, on the reality of health services, there is a lack of development of professional updating and training activities¹⁷, therefore, it is imperative to instigate the development of this practice in the reality of services in order to enhance the care given to postpartum women.

The professional updating enables the development of a work with constant updating of the other components of the nursing team, contributing to the (re) development of health practices in favor of the humanization of health care for the postpartum woman.

CONCLUSION

The characterization of professionals disclosed elements that supported the discussion and reflection on the factors that affect nursing care such as age, sex, length of training, length of acting in the institution and in the obstetrics sector, among others, considering that such features are able to influence health practices and, in this case, in nursing care to postpartum women.

About the working process of nursing care to postpartum women, it was found that: the managing of nursing actions remains grounded in classical theories of management, implying in the absence of a management of care for postpartum women; the actions of watching/intervening are strongly marked by biologicist model with the valuation of technical procedures, especially in the context of postpartum assistance of those who experienced cesarean childbirth; at no time was identified evidence of activities concerning the implementation of the research as part of nursing care to postpartum women; educational practices developed along with these mothers are held at the perspective of traditional model in health education, addressing issues like breastfeeding and basic care to the mother and baby during the postpartum. Despite being regarded as a relevant strategy

to rethink of health care, the CE activities are not performed frequently, with only occasional attempts to develop such projects.

In this dimension, it is worth to reflect in the importance of scientific and technical training about the work in health and in particular in nursing, as a way to support the construction of a health practice that can reach the completeness of the needs of different users, in this case, postpartum women. Thinking in a work process that enables and potentize the different interlocutors according to their needs will undoubtedly collaborate for the reorganization of knowledge and practice in daily nursing.

It is hoped that this study will contribute to the rethinking of the care practice targeted for women during the postpartum period, as well as promote discussion of the theme in the field of education and scientific research in nursing, given the tiny number of knowledge production that address the topic.

However, it is necessary to recognize the limitations of the research, since its results allowed the diagnosis of a portion of the assistance, considering, only, nursing practice. It is essential the development of research that has as its object of study the assistance provided to women during pregnancy and childbirth to enable the qualification of care services to women's health.

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